

Assessment of Family Planning and PrEP Integration in Lesotho

Provider In-depth Interview Informed Consent Form

Title: Assessment of family planning and PrEP integration in Lesotho

Protocol Number: 1573612

Sponsor: USAID

Assessment leads:

[names removed]

Address: [address removed]

Introduction

Hello. My name is [name] and I am representing FHI 360, Jhpiego, and the Ministry of Health. We are asking you to take part in a research study to understand if providing PrEP services integrated into family planning services is acceptable and feasible in Lesotho. PrEP, also known as pre-exposure prophylaxis, is when people at risk for HIV take daily medicine to prevent HIV. We want to be sure that you understand the purpose and your responsibilities in the research before you decide if you want to be in it.

If interview is not in-person --- Ask participant if there is a private place to do the interview, so no one can overhear what is being said. If not, offer to call back or re-schedule for a time privacy can be maintained.

Information About the Research

We are inviting you to take part in an interview. You were selected as a potential participant because you provide family planning and/or PrEP services. Taking part in this research study is voluntary. You don't have to participate, and you can stop at any time. This research study will include interviews with up to 10 family planning providers like you. It will also include interviews with up to 15 policy makers, program implementers, and donors who are focused on family planning or family planning and HIV. Also, it will include interviews with up to 15 women who are using both PrEP and family planning or who would consider using both. In this interview I will ask you about your experiences providing family planning and PrEP services and your opinions on family planning and PrEP services being provided at the same time. The purpose of this research is to understand if and how PrEP and family planning services can be provided at the same time. If you agree to be in the research study, we will interview you today. The interview will take about one hour. We will audio record the interview to help me make an exact record of what you say. A research team member will also be present to take detailed notes to document the interview. If you do not agree to be recorded, you may still participate in the interview and a research team member will take very detailed notes to document the conversation. Audio recordings will be destroyed at the end of the study.

Possible Risks

We do not expect that you are at risk of any bad things happening to you by participating in this interview. But, there is always a chance others may learn something about you by participating – but we will protect information about you to the best of our ability. You are not required to answer any question that you do not want to. In addition, you can refuse to participate in the research study at any time.

Possible Benefits

Being in this study will not directly benefit you. Although you will not directly benefit from being in this study, others might benefit because the findings may be used to improve services in the future.

Voluntary Participation You are free to decide if you want to be in this research or not. You do not have to answer any questions you do not want to answer. If you agree to participate and then you change your mind, you are free to withdraw your consent and discontinue your participation at any time. Participation is not a work requirement. If you decide to participate, or not, your decision will not get you in trouble with your employer. We will not tell anyone at your workplace your choice to participate, or not, or what you have said during this interview.

Confidentiality

To protect you, this interview will be done in private where no one can hear what is being said. We will not share any of the information you tell us that can identify you with anybody outside of our research team. We will protect information about you and your participation in this research study to the best of our ability. We may include direct quotations from you in our report but we will not identify who said the information. The quotes may include information about the type of provider and years of experience of the provider though will not include any additional information that could be used to identify you. We will not use your name in any reports. Your data may be shared for use in other research studies or with the funder of this study, USAID. All identifying information will be removed before the data is shared. All study documents containing identifiable information related to this interview will be destroyed after 3 years.

Payment

You will not receive any payment for your participation in this study. If this interview is being conducted outside of your place of work, we will reimburse you for your transportation. We will also provide refreshments if this interview is taking place in person.

If You Have a Questions About the Study

If you have any questions about the research, call [contact removed]

Your rights as a Participant

This research has been reviewed and approved by the Office of International Research Ethics of FHI 360, the Johns Hopkins School of Public Health Institutional Review Board, and the Institutional Review Board of the Lesotho Ministry of Health. If you have any questions about how you are being treated by the study or your rights as a participant you may contact:

[contact removed]

Do you have any questions? Do you want a copy of this form?

Do you agree to this interview being audio recorded?

- YES, participant agreed
- NO, participant did not agree

STATEMENT OF CONSENT

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual and they agree to participate.

Signature of Person Who Obtained Consent

Date